

The Rahima Dawood Travelling Fellowship of the Association of Surgeons of East Africa and the Royal College of Surgeons of Edinburgh: Report of the Travelling Fellow for 1997.

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Introduction

The Rahima Dawood Travelling Fellowship gave me a unique opportunity to assess the teaching and practice of orthopaedic surgery in four countries, Zimbabwe, Kenya, Uganda and Mozambique and then to take part in the Annual Conference of the Association of Surgeons of East Africa in Dar es Salaam, Tanzania. I travelled for three weeks before the Conference during which time I gave 16 lectures, attended nine ward rounds and joined four grand rounds and clinico-radiological conferences.

I gave the following lectures:

- Orthopaedic surgery and HIV disease*
- The management of the African club foot*
- Bone tumours and metastatic osteopathy*
- The non-operative treatment of fractures*
- Children's fractures*
- The management of haematogenous osteomyelitis*

The Rahima Dawood Lecture, *The management of neglected trauma*, was only given at the Annual Conference.

The Fellowship also allowed me to spend more time with colleagues than is possible at the business and scientific meetings of our Association and to visit the newer medical schools at Eldoret (Kenya) and Mbarara (Uganda).

Itinerary

Harare (Zimbabwe) 9-12th November

I was met at Harare airport and had a comfortable stay in the Bronte Hotel. On the Monday morning I did a ward round with one of the Senior Registrars, Dr Girach, at the Harare Hospital and met the

Medical Superintendent, Dr Ali. The hospital, and the surgical services in particular, had suffered a considerable loss of nursing staff who were not re-employed after a period of industrial action. This had resulted in ward closures and reduction in theatre lists. In addition, several senior orthopaedic staff had already left or were about to retire.

Only patients suffering from orthopaedic trauma were present in the wards and many of those had been awaiting surgery for their fractures for a considerable time. No innovative non-operative methods of fracture treatment, such as Perkin's traction, were in use. On the other hand the wards were clean and the patients well nursed.

The next day I was taken to the orthopaedic unit of the Parirenyatwa Hospital where surgeons from both hospitals were meeting for an orthopaedic clinico-radiological conference. Some fascinating case histories and radiographs were presented. They included that of a young man with an osteosarcoma of the upper humerus which presented during the healing phase of a comminuted fracture and mimicked a false aneurysm. This proved to be a real diagnostic conundrum for both surgeons and pathologists. The unit in Harare is lucky to have access to computerised tomography and, with a little persuasion, to magnetic resonance imaging which exists as a private facility in Harare.

The conference was followed by a ward round with Dr M Cordic, Consultant Orthopaedic Surgeon from the former Yugoslavia. Again, all the orthopaedic patients had traumatic problems except for the young man with the osteosarcoma already mentioned.

Over lunch we were able to relax and discuss the problems of orthopaedic practice in Harare with Dr Cordic, Dr Max Gova and Dr George Vera and some of their assistants. There is obviously a very great difference between the work done in the Government hospitals and that at the sophisticated private facilities in Harare.

On the Tuesday evening I gave the lecture on HIV Disease in Orthopaedic Surgery to the Zimbabwe Surgical Society at ZIMA House. Refreshments were provided and the lecture was well attended.

The next morning I was driven to the airport by Dr Sal Mzezewa, Consultant Plastic Surgeon and representative for Zimbabwe on the Council of ASEA.

Nairobi, Kenya, 12-14 November

I was met at Nairobi airport by Joel, the son of Professor Josephat Mulimba who, in turn, drove me to the home of Imre Loeffler, with whom I stayed. I was free on the Thursday morning and I spent the time in the Nairobi game park where the flowers and grass had benefitted greatly from the heavy rains that Nairobi had been experiencing. After lunch, I lectured to the Medical School on HIV Disease in Orthopaedic Surgery. Unfortunately, the questions and discussions went on for so long that there was no time for ward rounds.

The next morning, I lectured on the management of the African club foot before being driven across the Rift Valley to Eldoret accompanied by Mrs Frasier Gaya.

Eldoret, Kenya 14-16th November

In Eldoret I stayed with Zeph and Frasier Gaya in their very comfortable home. That evening, I again lectured on HIV Disease in Orthopaedic Surgery and was welcomed to the Moi University School of Medicine by the Dean, Professor Harun Mengech.

On the Saturday morning I lectured on Haematogenous Osteomyelitis before briefly visiting the wards of Eldoret hospital. I was then driven to see the main campus of Moi University which is still under construction but already covers a very impressive area of land. I was also shown the new International Airport at Eldoret which has recently been completed and is a very well appointed facility.

Kampala and Mbarara, Uganda, 16-23 November

On Sunday morning I was driven to the Ugandan border at Mbala by Zeph and Frasier Gaya where I was to have met Edward Naddumba at 12.00 noon. There was very little traffic across the border and at 13.15 I took the chance of a lift to Kampala with the First Secretary of the Czech Republic Embassy from Nairobi. He drove me right to the Makerere guest house, a four-hour drive. It later transpired that Dr Naddumba had had a tyre changed on his car the previous day. On the Sunday morning he had found that the wheel was loose and had destroyed the studs. It took until 16.00 hours to have the studs replaced and he reached the border at 19.00 hours. On returning to Kampala, the staff of the Makerere Guest House assured him that I had not arrived. We eventually met in the Department of Surgery next morning where I was welcomed by Professor Kakande, Head of Surgery.

Monday saw the start of an extremely busy but interesting and rewarding week in Uganda. First, there was an excellent teaching conference in the Department of Radiology led by Professor Kawooya. Mulago Hospital has a radiology unit to be proud of and the quality of radiographs, ultrasonic and computerised tomographic scans was very good indeed.

Next we made rounds of the orthopaedic ward (Ward 7) which unfortunately had been partially cleared for the use of a visiting team of plastic surgeons. I then met the Director of Mulago Hospital, Dr Lawrence Kaggwa, a general surgeon but very supportive of the orthopaedic unit. In the afternoon I lectured to the Department of Surgery on HIV Disease in Orthopaedic Practice.

Tuesday began with a major ward round on Ward 3B and later I met the Dean of Medicine, Professor Nelson Ssewankambo. The afternoon was taken up with a lecture and discussion on the African Club Foot with the postgraduate students. In the evening I was entertained to dinner by Dr Bill Nganwa on the verandah of his home high on one of the Kampala hills. Some areas of Kampala are subject to electrical load shedding and it was quite spectacular to look out on to the lights of Kampala far below from an enforced candle-lit supper.

Wednesday was another busy day with morning lectures to the MMed students on Bone Tumours and Metastatic Osteopathy and to the undergraduates on the Non-operative Management of Fractures. In the afternoon, I lectured on Fracture Management and spent the evening with Peter and Hillary Bewes. Peter, who runs the Continuing Medical Education programmes for Uganda, was extremely helpful in providing slide projectors and other support throughout the visit.

Thursday began with a lecture on Children's Fractures to the postgraduate students and the afternoon was spent at a grand round on Acute and Chronic Haematogenous Osteomyelitis followed by my lecture on the same subject. In the evening, the orthopaedic staff and senior surgeons enjoyed a dinner given by the Director of Mulago hospital at the Diplomat Restaurant, again perched upon a hill high above the lights of Kampala.

On Friday, delayed by a meeting that Dr Naddumba had with the Minister of Health, we drove for four hours westwards to Mbarara where the new University has opened a medical school. Too late to teach that day, we spent a pleasant evening in a restaurant overlooking a green valley, backed by the hills on the Tanzanian border. Later that evening we met with the Dean of Medicine, Dr Mutakoolha.

On Saturday morning I met the Head of Surgery, Professor Elbaz and lectured on the Non-operative Treatment of Fractures to the undergraduates and staff. After a short break this was followed by a grand round and my lecture on osteomyelitis. We spent the rest of the day driving back to Kampala via Masaka (the venue for the March 1998 Council meeting) where we enjoyed an excellent lunch of fish and *matooke*.

Makerere Guest House had been without electricity for the previous 24 hours and the power cut continued until I left Uganda the next day. Somehow the staff still produced hot meals.

Maputo, Mozambique, 23-26 November

I arrived at Maputo at 22.30hrs on Sunday night and was very glad to be met by Dr Francesco Candido who looked after me throughout my visit. I stayed at the Terminus Hotel which is near Maputo Central Hospital and very comfortable.

On Monday we started the day with a conference reviewing the admissions of the weekend which was followed by a ward round of mainly trauma patients. These patients were being well managed with a high proportion of internal fixations made possible by a plentiful supply of donated implants. I gave the lecture on HIV Disease in Orthopaedic Surgery at lunch time and had the afternoon free.

In the evening Dr Candido treated me to an excellent prawn supper, while sitting on the balcony of a restaurant overlooking a calm and moonlit sea.

Tuesday began with further ward rounds of mainly trauma patients including many children with fractured femurs. At lunch time I lectured to the staff on Bone Tumours and Malignant Osteopathy and in the afternoon gave a lecture/tutorial to the undergraduates on Club Foot. Most understood English quite well but Dr Jose Langa, Head of the Department of Orthopaedics helped with much of the ensuing discussion.

I had a short interview with the Director of Maputo Central Hospital, Dr Ildefonso, who was rather fully occupied with several hundred admissions from the current cholera epidemic. In the evening I was entertained to a sumptuous dinner by the Senior Surgeons and Orthopaedic Staff and despite the free flow of wine and spirits, Dr Candido was right on time to convey me to the airport at 04.30 hours the next morning.

Bulawayo, Zimbabwe, 26-28 November

I reached Bulawayo rather late that evening, my suitcase having caught up with me in Harare 10 minutes before the departure of the flight. I stayed with Rosemary Hepworth and spent the next morning with Dr Mazabane on his ward round and clinic. Most of the admitted patients had skeletal injuries but a tuberculous spine had been successfully decompressed. The orthopaedic clinic was destined to stretch into the afternoon but I left at 13.30 to give my lecture on HIV Disease in Orthopaedic Surgery to the staff and students at the new nurse's training school.

Dar-es-Salaam, Tanzania, 29 November-6 December

On Saturday we flew to Dar es Salaam and were met by the Chairman of the Conference Committee, Professor Leonard Lema and Dr Moshi. Professor

Lema drove us to the White Sands Hotel where we were able to relax for 48 hours before starting the week of Council Meetings and Conference. At the Opening Ceremony of the Conference, I was presented with the Rahima Dawood Medal and Certificate by Marie Kodwawwala, who is one of the Trustees. The first Scientific Session commenced with the 10th Rahima Dawood Memorial Lecture which I entitled, *The Management of Neglected Trauma*. Mr Yusuf Kodwawwala then reviewed the first ten years of the Travelling Fellowship.

Conclusion

In summary, this was an extremely informative and interesting tour of the orthopaedic units of the four countries visited. In all the units, patients suffering from acute trauma far outnumbered those with other orthopaedic conditions and accounted for almost all of the surgery being performed. In many places, because of the lack of operating theatre time and other factors, much of the treatment of trauma was delayed. It was very obvious that more active non-operative treatment could have been employed to advantage. I stressed in the Rahima Dawood Memorial Lecture.

There is a further aspect of this situation. Where the orthopaedic surgeons are primarily responsible for all patients with musculoskeletal trauma, as in most of the units visited, trauma patients occupy the available beds and fill the available operating theatre time. Patients suffering from the very wide range of other orthopaedic pathologies that are common in our region are rarely admitted or operated upon. This gives a very false impression of the incidence of such conditions and, more importantly prevents orthopaedic trainees from gaining the necessary training and experience in their management. Unless a definite facility is maintained for "cold" orthopaedic surgery, little can be done.

I thoroughly enjoyed the tour and was very well looked after indeed in all the countries visited. I thank all those who took part in the organisation and hosted me so well wherever I went. I thank the Trustees of the Rahima Dawood Trust and of the Royal College of Surgeons of Edinburgh for funding the tour and the Council of the Association of Surgeons of East Africa for selecting me as the Travelling Fellow for 1997. Lastly, I thank Rosemary Hepworth for planning and co-ordinating the itinerary.